UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1998/P/L.11/Add.1
30 June 1998
ENGLISH
ORIGINAL: ENGLISH/FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1998
8-11 September 1998
Item 7 of the provisional agenda*

FOR ACTION

)UNTRY PROGRAMME RECOMMENDATION**

Benin

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1998 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Benin for the period 1999 to 2003 in the amount of $5,913,000 from general resources, subject to the availability of funds, and $12,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

98-19137 (E) 120898 140898

/...

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	3
PROGRAMME COOPERATION, 1994-1998	4
RECOMMENDED PROGRAMME COOPERATION, 1999-2003	6

List of tables

1. Basic statistics on children and women	12
2. Expenditure under previous cooperation period, 1994-1998	14
3. Planned yearly expenditures	15
4. Linkage of programme budget and staffing/staff costs	16

THE SITUATION OF CHILDREN AND WOMEN

1. With a population of around 5.6 million, over half of whom live below the poverty line, Benin is classified among the least developed countries, with a gross national product of US$ 350 in 1996. The average rate of growth of the economy was -0.3 per cent a year from 1985 to 1995, whereas the population growth rate is 3 per cent a year (1980-1996). Since 1990, Benin has initiated and maintained a process of democratization.

2. Benin ratified the Convention on the Rights of the Child in 1990 and the Convention on the Elimination of All Forms of Discrimination against Women in 1993, and subscribed to the declarations and commitments made at the major international conferences held during the decade. It submitted its initial report to the Committee on the Rights of the Child in December 1996 but has not yet set up a regular monitoring mechanism for the Conventions, neither of which is yet widely enough known or respected. In practice, contemporary positive law continues to be elbowed out by customary law, which emphasizes the authority of the father at the expense of the daughter and the wife (inequality in decision-making, especially as regards health and education, inheritance and birth control).

3. Guaranteeing the child's right to survival continues to be a fundamental problem for Benin. In spite of the progress achieved in recent years through the expanded programme on immunization (EPI) and the Bamako Initiative, infant mortality rates (IMR) and the under-five mortality rate (U5MR) remain extremely high. Mortality between 1 and 11 months is high because of the continuing prevalence of four principal infections to which 72 per cent of children below one year are exposed: malaria, diarrhoeal diseases, acute respiratory infections and malnutrition. The child's survival and development are also affected by malnutrition (29 per cent of those under the age of three), the low rate of access to drinking water and inadequate arrangements for disposal of excreta. Sexually transmitted diseases are once again on the rise. Since 1991 cases of HIV infection have more than trebled, reaching 3.2 per cent in 1997. The maternal mortality rate (MMR) (990 per 100,000 live births, according to figures produced by UNICEF and the World Health Organization) has not declined significantly, because of the inadequate quality of care and the lack of an efficient referral system. The nutritional status of mothers (15 per cent suffer from energy deficiency) increases the risk.

4. According to government figures, the overall rate of school enrolment is 69 per cent, with marked variations between boys (85 per cent) and girls (52 per cent) and among regions (Borgou 41 per cent, Atlantique 95 per cent). The internal efficiency of schools is poor: 68 per cent of children drop out or have to repeat a year before the end of primary school. Out of a cohort of 1,000 pupils, only 250 gain their primary school-leaving certificate. Because it does not focus to any extent on effective improvements in living conditions, the educational system fails to meet the needs of individuals, families and the community. The illiteracy rate is 63 per cent for the population as a whole and 74 per cent for women.

5. As a result of poverty, half the children between the ages of 10 and 14 work, in conditions which are often extremely difficult, if not intolerable. The breakdown of the mutual support system, and of traditional family links, has led to children known as vidomègon being placed in host families, a practice which becomes a form of economic exploitation and tends to involve ill-treatment and abuse. Over 100,000 children under 15, of whom 85 per cent are girls, are victims of this type of placement. A regional trade in child labour is developing, and more and more children are being intercepted at the border.

PROGRAMME COOPERATION, 1994-1998

6. The aim of the cooperation programme for 1994-1998 was to help achieve the objectives of the national programme of action (NPA) for 1995 and the year 2000. Some of these objectives have been achieved; for instance, immunization coverage now exceeds 80 per cent and oral rehydration therapy is practised in 80 per cent of health units. If present trends continue, other objectives can be achieved, such as the eradication of poliomyelitis and the elimination of dracunculiasis. Yet others call for increased effort and strategic innovations: reducing the IMR, the U5MR and the MMR, a decline in malnutrition, exclusive breastfeeding, primary school enrolment and literacy among women. The progress made so far in achieving objectives does not seem to have been sufficient to reduce the mortality and malnutrition rates. The intermediate objectives for 1995, in which the base reference level for certain indicators was readjusted following the 1992 census, have been measured through the 1996 population and health survey. The findings of this survey, which differ in some cases from UNICEF statistics, have also made it possible to stagger the objectives of the new programme over time.

7. Support for the Bamako Initiative has enabled 85 per cent of the population to have access to high quality services, but with a low utilization rate (34 per cent). The great majority of health units have become self-sufficient in essential drugs and operational necessities (fuel and maintenance costs). The rate of immunization coverage has improved steadily. The UNICEF Vaccine Independence Initiative has made it possible to allot an increasing sum from the national budget for this purpose, amounting in 1998 to 80 per cent of the cost of the vaccines. The use of prenatal consultations, reinforced by the Bamako Initiative, has now reached 82 per cent, and the rate of attended births in maternity wards 51 per cent, although the rate of postnatal consultation is only 31 per cent. The distribution of vitamin A capsules, which is now general throughout the two northern departments and was combined in 1997 with the national immunization days, has reached almost 100 per cent of children between one and five years. Ninety-five per cent of women attending prenatal consultations are given iron supplements. Iodized salt is consumed by 79 per cent of households, and the salt produced nationally (20 per cent of requirements) is being iodized thanks to the installation of two mixers.

8. Between 1980 and 1996 the village water supply programmes supported by UNICEF resulted in 1,093 new water points, representing 18 per cent of the water points created in Benin and 27 per cent of the drilled wells. In the Zou region especially, UNICEF support accounts for 87 per cent of the wells targeting the

areas of endemic dracunculiasis, cases of which fell from 37,414 to 855 between 1990 and 1997.

9. In the 103 villages supported by the education and community project (EDUCOM) using a community approach, school attendance has risen by 35 per cent for boys and has doubled for girls. The commitment which communities have shown to education is real, teaching initiatives (school performance monitoring cards, the girl-helping-girl system) are being adopted beyond the project areas, and the representation of women in the community management bodies is over 30 per cent.

10. The conspiracy of silence about the rights of children placed with third parties (the vidomègon) and the economic exploitation of children has been broken, and studies have been made of the extent of the problem and the areas supplying the children. A charter has been drawn up for the abolition of the vidomègon phenomenon and is winning support and signatures in civil society.

11. National capacities for the collection and analysis of social statistics, especially disaggregated data, have been strengthened. The programme, as well as supporting the intermediate objectives measure, has supported together with the United Nations Development Programme (UNDP) a study of the 20/20 Initiative which shows that about 11 per cent of the national budget and 9 per cent of external aid are spent on the basic social sector.

Lessons learned from past cooperation

12. On the basis of these results, the mid-term review confirmed the importance of strengthening and developing the Bamako Initiative, efforts to eradicate dracunculiasis (Guinea-worm disease), the community approach to education, access to drinking water and basic sanitation facilities in the most deprived communities, communication with a view to inducing behavioural change at the community level, and national and local capacity-building in the areas of management, monitoring and evaluation. It recommended concentrating activities in an integrated community development approach focused primarily on children and women. At the national level, it invited UNICEF to take part, together with other partners, in the implementation of national policies concerned with essential social services and in the development of the 20/20 Initiative and measures to combat the economic exploitation of children and subregional traffic in children.

13. More specifically, with a view to reducing IMR at the speed planned, the health system should endeavour to make available at the community level a minimum health care package that emphasizes control of malaria, diarrhoeal diseases, acute respiratory infections and malnutrition, increased availability of reproductive health services at the level of the first-referral establishment, optimum use and quality of services, solidarity and equity, and adequate representation of women in management and decision-making bodies. Efforts to combat dracunculiasis should be decentralized at the execution level and more closely linked with health, sanitation and village water supply services, and they should give priority to villages with less than 300 inhabitants in the provision of drinking water.

14. Schooling for children, especially girls, and literacy for young girls and women, should stress routine problem-solving in a more global context of community development. Both the community approach to education and the Bamako Initiative have shown services to be inadequate in relation to community and family needs. The services offered appear to be too sectoral and too vertical. Demand becomes a passive matter of waiting for external or State aid. Communities are not ready to express their needs, nor do they have sufficient self-confidence to assume responsibility. They have to be organized to this end. To make basic services sustainable, institutional capacities must be strengthened and the communities empowered.

15. Advocacy at all levels must be expanded, positive law must be adapted to the two Conventions, and police and judicial structures must be improved in order to guarantee application of all the rights of the child. The role of non-governmental organizations (NGOs) will be strengthened, with particular emphasis on services to children who are victims of abuse or have been intercepted at the border.

16. The programme must improve the measurement of behavioural change and its impact. Geographical concentration should permit improved measurement of the comparative impact of programme activities. In the context of the increasing scarcity of financial resources, improved national coordination is necessary to ensure the routine collection and analysis of information on the application of the two Conventions, the situation of children and women, and the 20/20 Initiative.

RECOMMENDED PROGRAMME COOPERATION, 1999-2003

Recommended general resources: US$ 5,913,000
Supplementary funding: US$ 12,500,000

Recommended programme cooperation, 1999-2003[a]
(in thousands of United States dollars)

	General resources	Supplementary funds	Total
Support to health development	2 012	4 550	6 562
Support to social development	590	1 950	2 540
Support to community development	1 623	5 500	7 123
Advocacy and communication	250	500	750
Monitoring and evaluation	688	-	688
Cross-sectoral costs	750	-	750
Total	5 913	12 500	18 413

[a] The breakdown for estimated yearly expenditure is given in table 3.

Programme goals and objectives

17. The programme is based on government priorities in the areas of protection of human rights, the fight against poverty, a guaranteed common social minimum and community development. It is also based on the commitments made by Benin at international conferences, in particular the World Summit for Children, commitments relating to the NPA for children and women, the Conventions on the Rights of the Child and the Elimination of All Forms of Discrimination against Women and the country strategy note adopted by the Council of Ministers in January 1997. The national representatives of the agencies of the United Nations system, donors and NGOs took an active part in the programming process, which was coordinated by the Ministry for Planning.

18. The goal of the country programme is to help improve the living conditions of children and to build awareness of and respect for children's and women's rights. From now until the year 2003, its objectives are designed to reduce the IMR by 20 per cent, the U5MR by 25 per cent, the MMR by 25 per cent and the number of underweight children by a third, to increase the gross school enrolment rate to 78 per cent and to strengthen the protection of children, especially of those who, like the vidomègon, need special protection. The objectives described relate to those of the NPA. They are complementary to and synergetic with the efforts of the Government and those of external aid, especially the assistance provided by other agencies of the United Nations system and the NGOs. In terms of results, UNICEF's specific input will be measured at the level of the sectoral project and programme objectives and their impact on the situation of children and women.

19. The advocacy components of the programme will cover the whole country as regards the dissemination and application of the two Conventions and the 20/20 Initiative, support for the development of national policies and strategies in the social sector, support for national programmes (immunization, dracunculiasis, malaria, iodine deficiency), and monitoring and evaluation of both the NPA and the application of the Convention on the Rights of the Child. Moreover, the programme will focus on six subprefectures and a peri-urban area where the objectives and activities of the sectoral programmes converge. These geographical areas of convergence have been chosen because of their low social indicators, the insufficiency of basic services and the presence of the EDUCOM project, developed by the previous programme. In a first phase, the programme will be carried out in three subprefectures, which comprise a total of 113 villages with a population of 161,000 people. In a second phase, subject to the availability of supplementary human and financial resources, it will be extended to a peri-urban district and to three other subprefectures with a total of 189 villages, inhabited by 263,000 people. The target population, reached through the communities and families, are children, adolescents and women. The lessons from this programme will be documented and then shared with the partners in order to strengthen national policies.

20. The country programme's strategic option is intended to narrow the gap between the needs of the most deprived people, as expressed at the levels of the individual (women and children), the family and the community, and the services proposed by the State and various institutions. Five strategies have been chosen: (a) advocacy for the dissemination of information on and the exercise

of children's and women's rights, on the basis of an integrated communication plan that will ensure the convergence and homogeneity of the messages; (b) local, regional and national capacity-building in the areas of coordination, technical competence, management, monitoring and evaluation; (c) empowerment of communities and families by means of awareness-raising, participation and the gradual assumption of decision-making with a view to their assuming charge of community development; (d) support to the delivery of services, taking into account complementarities with international aid in the social sector and community-expressed needs relating to the welfare of children and women; and (e) development of intersectoral collaboration and cooperation with other partners, in particular, the United Nations system, which will be pursued through the country strategy note, in order to achieve a more rapid impact and, above all, to meet needs outside UNICEF's mandate. Priority will be given to collaboration with NGOs. Intersectoral collaboration within the country programme will be achieved by means of the community development programme, on which sectoral projects will be based, and of an integrated monitoring and evaluation plan.

Support to health development

21. This programme is composed of two projects designed to prevent and combat the principal diseases, while at the same time strengthening community participation in geographical and operational synergy with the other programmes. Given the presence of major donors (the World Bank, the European Union, the United States Agency for International Development (USAID), other bilateral agencies), the objective of this programme is to achieve collaboration and complementarity by promoting and taking part in the mechanisms for dialogue between national partners and donors.

22. The project to provide support to development of the health system is designed to: (a) improve the performance of the health system in the areas of convergence, including an 80 per cent increase in the rate of utilization of the minimum package of activities; (b) improve the treatment of the priority pathologies of children, adolescents and women; and (c) contribute to the attainment of national objectives for the EPI (eradication of poliomyelitis, elimination of neo-natal tetanus and measles control), to the goal of consumption of iodized salt by 90 per cent of households, and to the anti-malaria programme. This project comes within the scope of the Bamako Initiative. It will support the development of health zones in the programme's areas of convergence and integrated treatment activities for the preventive and curative care of children, adolescents and women. The national coverage objectives will be supported by supplementary funds.

23. The project relating to water, hygiene and a healthy environment is designed both to ensure access to drinking water and to promote appropriate behaviour as regards hygiene and sanitation among 135,000 people living in the programme's areas of convergence, in particular, in the regions where dracunculiasis is endemic. Activities will focus on organizing a pump maintenance system with the participation of communities and women's groups, and on implementing the community microplans for which the project is responsible and which were prepared in collaboration with the programme of support to

community development. With supplementary funds, support will also be provided to the national anti-dracunculiasis programme.

Support to social development

24. This programme consists of two projects: one concerned with education and the other with children in need of special protection measures. The two projects are interdependent inasmuch as education helps to prevent the economic exploitation of and traffic in children.

25. The education project will extend the EDUCOM model (the community takes charge of its formal and non-formal educational needs) to 300 villages. The intention is to integrate this experience into the national education policy. The main activities are focused on raising the awareness of parents; the training and reorientation of teaching staff, teacher-training instructors and parents' associations with respect to the participatory methods and innovations of the EDUCOM model; integrated training for 2,000 young girls and women (literacy, health education, income-generating activities); and the implementation of community microplans related to education. The project will be financed in 1999 with the supplementary funds provided by the Norwegian Government. It will be developed stage by stage subject to additional supplementary funds being available, at the rate of 50 new villages a year. Reinforcement of the school infrastructure is, to a large degree, supported by the World Bank and bilateral aid.

26. The project to assist children in need of special protection measures is designed to reinforce preventive and protective actions for children, principally girls (about 100,000), who work or are placed in host families and to support implementation of the NPA activities to benefit children in need of special protection measures. This project will support the establishment of committees to combat traffic in children and reintegration efforts at 10 children's centres. It will train legal and paralegal personnel and those responsible for the promotion of the rights of the child. It will develop a subregional strategy to combat cross-border traffic in children and will support research and dissemination of information on the economic exploitation of children.

Support to community development

27. This programme has been designed to respond to the needs expressed by the communities for a better match between basic services provided and those required. In the 300 villages in the areas of convergence, its objectives are: (a) to train 90 administrators and 2,400 community members in development techniques; (b) to prepare and implement 300 local development microplans; and (c) to establish a small reading and information centre in each of the 300 villages. Preference will be given to a strategy that promotes planning and implementation of community development activities in the fields of health, nutrition, water, sanitation and education by the local population. All the sectoral programmes in the areas of convergence will be based on this participatory process. The programme will target children, adolescents and women in these areas.

28. In collaboration with other programmes, it will support activities relating to awareness-raising (partnership contract), identification (community diagnosis), prioritization of issues, problem-solving and community monitoring. Evaluation of the results by the community will foster empowerment.

29. During the first phase, these activities will be financed from general resources and supplementary funds as available. The programme will support the implementation of microplans for the implementation of the rights of children and women. The other requests made will be submitted for financing to other agencies of the United Nations system and donors. In particular, the programme will be developed in cooperation with UNDP and the United Nations Capital Development Fund, which are supporting the national community development framework programme, elaborated in the context of administrative decentralization.

Advocacy and communication programme

30. The object of this programme is to contribute to: (a) the development of individual, family and community behaviour which promotes respect for the rights of children and women; (b) harmonization of legal and administrative texts relating to the two Conventions; and (c) better allocation of the national budget and external aid to promote the basic social sectors. The programme will be divided into two projects, relating to advocacy and communication, respectively.

31. The advocacy project, which will be national in scope, will develop technical support and training activities to update legislation and to draft and disseminate informational materials on respect for the rights of children and women, implementation of the 20/20 Initiative and the mobilization of financial resources.

32. The communication project will develop communications activities in areas of convergence with the country programme. In collaboration with the community development programme, it will initiate the community participation process. It will also support the communications activities of the sectoral programmes coordinated by an integrated communications plan. Financed for the most part from general resources, this programme, like the previous one, will seek supplementary funds to promote the rights of the child, especially the girl child, and of women.

Follow-up and evaluation

33. The objectives of this programme are: (a) to put into place a national mechanism for follow-up of the two Conventions, the World Summit for Children and the 20/20 Initiative; and (b) to provide effective follow-up and evaluation of the country programme through the integrated follow-up and evaluation plan. On the national level, the activities will be concerned with support for the establishment of a data bank for children and women which is accessible to ministries, NGOs and the United Nations system, training in techniques of analysis, conducting and disseminating a national survey on the evaluation of goals for the year 2000 in collaboration with USAID and studies on financing for the basic social sectors and dissemination of the results. At the level of the

areas of convergence, activities will support the identification and establishment of indicators for follow-up of sectoral programmes, training for the actors involved and regular updating of the community data bank. This programme, entirely financed from general resources, will also support follow-up for management and quality control of the entire cooperation programme.

Programme management and partnership

34. The Ministry of Planning will preside over a steering committee responsible for coordination, execution and follow-up of the country programme. This committee will take charge of organizing semi-annual reviews in cooperation with the technical ministries, approving annual sectoral action plans, organizing the mid-term review and coordinating the planning exercise for the next programming cycle. Technical activities will be coordinated and executed by the ministries concerned or their decentralized offices. Cooperation and partnership with NGOS and bilateral and multilateral aid will be strengthened, principally in areas of convergence of the programme and in favour of national programmes and plans of action in the social field. Crisis scenarios, with appropriate objectives and strategies, will be developed in order to deal with any possible emergencies.

35. The management plan initiated to implement the new programme stresses that all staff are involved in and responsible for programme and operations management. It required a redefinition of the qualifications for professional and support posts without an increase in the number of posts. Indicators for monitoring quality will be measured regularly and integrated into the work plan for the sections and the system for evaluating individual performance.

36. Supplementary funds mobilized between 1994 and 1997 amounted to US$ 8.6 million, or 62 per cent of the total sought; they represent 59 per cent of the total available budget. The country office at Cotonou has mobilized 28 per cent of those supplementary funds locally. A resource mobilization strategy has been devised for the 1999-2003 programme with the bilateral partners and National Committees for UNICEF. In the context of the 20/20 Initiative, UNICEF will pursue a resource mobilization strategy for the basic social sector.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Benin	(1996 and earlier years)		UNICEF country classification
Under-five mortality rate	169	(1996)	Very high U5MR
Infant mortality rate	103	(1996)	Very high IMR
GNP per capita	$ 350	(1996)	Low GNP
Total population	5.6 million	(1996)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1996
Births	(thousands)	143	179	220	238
Infant deaths (under 1)	(thousands)	21	23	24	25
Under-five deaths	(thousands)	36	38	41	40
Under-five mortality rate (per 1,000 live births)		252	214	185	169
Infant mortality rate (under 1) (per 1,000 live births)		149	127	111	103

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1996)	Moderate & severe	..	29*
	Severe	..	7*
Babies with low birth weight (%, 1987)		8	..
Primary school children reaching grade 5 (%, 1980/1991)		60	55

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%1996)	..	14
Timely complementary feeding rate (6-9 mos.) (%1996)	..	86
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%, 1996)	..	14*
Prevalence of stunting (0-59 mos.) (%, 1996)	..	25*
Total goitre rate (1995)	..	24
Household comsuming iodized salt (%, 1996)	..	79

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	60
Routine EPI vaccines financed by government (%, 1996)		..	15
Access to safe water	Total	18	56
(% of population, 1980/1996)	Urban/rural	26 / 15	71 / 46
Access to adequate sanitation	Total	21	19
(% of population, 1980/1996)	Urban/rural	48 / 4	41 / 5
Births attended by trained personnel (%, 1996)		..	60
Maternal mortality rate (per 100,000 live births, 1990)		..	990

Immunization		1981	1985	1990	1996
One-year-olds (%) immunized against:	Tuberculosis	..	27	92	90
	DPT	..	17	67	80
	Polio	..	16	67	80
	Measles	..	23	70	74
Pregnant women (%) immunized against:	Tetanus	..	..	83	75

* 0-35 mos.

TABLE 1 (continued)

Benin

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1985/1995)	Total	68 / 53	72 / 43*
	Male	90 / 71	92 / 52*
	Female	45 / 36	52 / 34*
Secondary enrolment ratio (gross/net) (%, 1985/1994)	Total	18 / ..	16 / ..
	Male	26 / ..	23 / ..
	Female	10 / ..	10 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	19	37
	Male/female	28 / 10	49 / 26
Radio/television sets (per 1,000 population, 1980/1995)		66 / 1	92 / 6

DEMOGRAPHIC INDICATORS		1970	1980	1990	1996	2000
Total population	(thousands)	2705	3459	4684	5563	6222
Population aged 0-17 years	(thousands)	1407	1794	2541	3050	3346
Population aged 0-4 years	(thousands)	480	653	931	1024	1094
Urban population (% of total)		16.7	27.3	34.5	39.3	42.3
Life expectancy at birth (years)	Total	43	48	53	55	56
	Male	41	47	51	52	54
	Female	44	51	55	57	58
Total fertility rate		7.0	7.1	6.6	6.0	5.6
Crude birth rate (per 1,000 population)		53	51	47	43	41
Crude death rate (per 1,000 population)		25	19	15	13	12

		About 1980	Most recent
Contraceptive prevalence rate (%, 1982/1996)		9	3
Population annual growth rate (%, 1965-1980/1980-1996)	Total	2.4	3.0
	Urban	7.6	5.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1985-1995)		-0.3	-0.3
Inflation rate (%, 1965-80/1985-95)		7	3
Population below $1 a day (%)		..	..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1986)	Health/education	.. / ..	6 / 31
	Defence	..	17
Household expenditure (% share of total, 1980 or 1985)	Health/education	5 / 4	.. / ..
Official development assistance: (1980/1996)	$US millions	91	293
	As % of GNP	9	15
Debt service (% of goods and services exports(1980/1995)		3	13

* DHS 1996 data.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1994-1998 a/

COUNTRY: BENIN
LATEST BOARD APPROVAL: 1994
GENERAL RESOURCES: $5,500,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	722	2,774	75	144	568	211	477	603	1,842	1,750	3,732	6,715	5,574	8,465
Water supply and sanitation	262	198	60	15	592	771	522	734	1,436	750	1,718	5,433	3,154	6,183
Education	103	137	101	122	163		231	187	598	1,000	446	953	1,044	1,953
Social mobilization and advocacy	5	33		12		28	58	31	63	125	104		167	125
Planning and social statistics	81		48		100		127		356	800			356	800
Programme support	188				329		131		648	1,075			648	1,075
GRAND TOTAL	1,361	3,142	284	293	1,752	1,010	1,546	1,555	4,943	5,500	6,000	13,101	10,943	18,601

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as at closure 03, 04 June 1998.
b/ Actual GR expenditure includes allocations from global funds.

/...

TABLE 3

COUNTRY: BENIN
PROGRAMME CYCLE : 1999-2003

PLANNED YEARLY EXPENDITURES

		1999	2000	2001	2002	2003	TOTAL
SUPPORT TO HEALTH DEVELOPMENT	GR	300,000	349,000	400,000	455,000	508,000	2,012,000
	FSF						
	NSF	900,000	950,000	950,000	950,000	800,000	4,550,000
	TOTAL	1,200,000	1,299,000	1,350,000	1,405,000	1,308,000	6,562,000
SUPPORT TO SOCIAL DEVELOPMENT	GR	110,000	115,000	120,000	125,000	120,000	590,000
	FSF						
	NSF	400,000	400,000	390,000	380,000	380,000	1,950,000
	TOTAL	510,000	515,000	510,000	505,000	500,000	2,540,000
SUPPORT TO COMMUNITY DEVELOPMENT	GR	250,000	300,000	340,000	393,000	340,000	1,623,000
	FSF						
	NSF	1,000,000	1,200,000	1,200,000	1,100,000	1,000,000	5,500,000
	TOTAL	1,250,000	1,500,000	1,540,000	1,493,000	1,340,000	7,123,000
ADVOCACY AND COMMUNICATION	GR	50,000	50,000	50,000	50,000	50,000	250,000
	FSF						
	NSF	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	150,000	150,000	150,000	150,000	150,000	750,000
MONITORING AND EVALUATION	GR	125,000	125,000	143,000	145,000	150,000	688,000
	FSF						
	NSF						
	TOTAL	125,000	125,000	143,000	145,000	150,000	688,000
CROSS-SECTORAL COSTS	GR	155,000	150,000	145,000	150,000	150,000	750,000
	FSF						
	NSF						
	TOTAL	155,000	150,000	145,000	150,000	150,000	750,000
TOTAL, PROGRAMME BUDGET	GR	990,000	1,089,000	1,198,000	1,318,000	1,318,000	5,913,000
	FSF						
	NSF	2,400,000	2,650,000	2,640,000	2,530,000	2,280,000	12,500,000
	TOTAL	3,390,000	3,739,000	3,838,000	3,848,000	3,598,000	18,413,000
STAFF COSTS a/		520,894	551,578	588,298	625,095	637,387	2,923,252
GENERAL OPERATING COSTS		274,695	259,561	236,052	231,780	231,412	1,233,500
TOTAL, ESTIMATE SUPPORT BUDGET		795,589	811,139	824,350	856,875	868,799	4,156,752
GRAND TOTAL		4,185,589	4,550,139	4,662,350	4,704,875	4,466,799	22,569,752

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

/...

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BENIN
PROGRAMME : 1999-2003

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
SUPPORT TO HEALTH DEVELOPMENT	2,012 000			2,012,000	0	0	0	0	0	0	0	1	1	2	126,215	184,624	310,839
SUPPORT TO SOCIAL DEVELOPMENT	590 000			590,000	0	0	0	0	0	0	0	1	0	1	0	162,747	162,747
SUPPORT TO COMMUNITY DEVELOPMENT	1,623 000			1,623,000	0	0	0	0	0	0	0	1	1	2	0	161,360	161,360
ADVOCACY AND COMMUNICATION	250 000			250,000	0	0	0	0	0	0	0	0	0	0	0	0	0
MONITORING AND EVALUATION	688 000			688,000	0	0	0	0	0	0	0	1	0	1	0	139,483	139,483
CROSS-SECTORAL COSTS	750 000			750,000	0	0	0	0	0	0	0	1	7	8	0	386,133	386,133
TOTAL GR	5,913 000			5,913,000	0	0	0	0	0	0	0	5	9	14	126,215	1,034,347	1,160,562
SUPPLEMENTARY FUNDING :																	
SUPPORT TO HEALTH DEVELOPMENT		0	4,550,000	4,550,000	0	0	0	2	0	0	2	1	1	4	1,286,739	168,922	1,455,661
SUPPORT TO SOCIAL DEVELOPMENT		0	1,950,000	1,950,000	0	0	0	0	0	0	0	1	2	3	0	170,775	170,775
SUPPORT TO COMMUNITY DEVELOPMENT		0	5,500,000	5,500,000	0	0	0	0	0	0	0	0	1	1	0	68,183	68,183
ADVOCACY AND COMMUNICATION		0	500,000	500,000	0	0	0	0	0	0	0	1	0	1	0	122,836	122,836
MONITORING AND EVALUATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	12,500,000	12,500,000	0	0	0	2	0	0	2	3	4	9	1,286,739	530,716	1,817,455
TOTAL GR & SF	5,913,000	0	12,500,000	18,413,000	0	0	0	2	0	0	2	8	13	23	1,412,954	1,565,063	2,978,017
SUPPORT BUDGET		Operating costs Staffing		1,233,500	0	0	1	1	1	0	3	3	7	13	2,160,260	762,992	2,923,252
GRAND TOTAL (GR + SF + SB)					0	0	1	3	1	0	5	11	20	36	3,573,214	2,328,055	5,901,269
Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)											6 5	9 11	20 20	35 36	3,573,214	2,328,055	5,901,269

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.